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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-29)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: Teamwork Saves a Life in Yokosuka
USNH Yokosuka, Japan (NSMN) -- The scariest moment in MS2 Dennis Johnson's life came when the doctor told him his wife might not make it through the night.

Earlier in the day, Johnson, of USS Fife (DD 991), and his wife Maria welcomed their new son into the world. It was Maria's third baby by elective C-section, but this time there were serious complications.

LCDR Sue Chittum, MC, head of Obstetrics and Gynecology at U.S. Naval Hospital Yokosuka, noticed an unusual "nest of blood vessels" during the operation.

Maria had a hole in her uterus, the bag-like organ in which the fetus grows during pregnancy. Unfortunately, the placenta -- an organ formed during pregnancy that attaches to the uterus on one end and, through the umbilical cord, to the baby on the other end -- had attached itself over the hole in the side of the uterus.

With Dr. Joan Lignen assisting her, Chittum delivered a healthy baby boy. It wasn't easy. "We had to go through the placenta to get to the baby," she said. "A uterine separation is rare; having a placenta in the same place is much more rare."

Because of Maria's unique condition, she then started to experience progressively more blood loss after the delivery. The excessive blood loss was noticed and reported by HM3 Mary Shoemaker.

Thanks to tests done by the staff of the laboratory, Chittum and her team knew that the patient's blood count was low -- and that her platelet count was dangerously low. Platelets are a part of the blood that helps it to clot.

Medication did not stop Maria's bleeding.

"At that time, we were losing the battle," said Chittum. She decided to take Maria back to the operating room. LCDR John Drake, MC, was called from home to assist with the potentially emergency surgery. And Johnson was called about his wife's condition.

The cause of the abnormal blood loss became obvious: another rare condition -- Disseminated Intravascular Coagulopathy, brought on by childbirth, surgery and heavy blood loss. Maria was now in need of a blood transfusion, stat.

Chittum and LT Patrick Gregory, MC, staff internal medicine specialist called to the OR to assist in managing the consequences of the bleeding, had initiated an emergency blood drive.

"When she (Chittum) told me, 'Your wife might not make it,' she also said, 'We're not going to give up. We're doing everything we can to keep her alive,'" said Johnson. "I'll never forget those words."

Johnson spent a restless night in the ICU/OR waiting room. "I was in the waiting room for 24 hours. I didn't sleep. I was afraid they would wake me up and tell me my wife was dead."

Meanwhile, the laboratory processed blood and blood products as quickly as possible. Half the laboratory staff came in on an emergency recall.

Within an hour, over 40 people answered the call to donate blood. Donors came not only from the lab and hospital staff but also from USS Independence (CV 62), the Marine Barracks, USS Holland (AS 32), family members, and several other area commands.

"If the donors hadn't gotten here that fast, we couldn't have gotten the blood products (platelets and red blood cells) to her that fast," said Blood Bank Officer LT Liz Brinsko, MSC.

Chittum credits the military community with saving Maria's life. "In the civilian world, it would have taken hours for the community to respond," she said. "It was a team effort. This is typical in the military, especially in the Navy. When things get tough, everyone pulls together."

As far as the hospital goes, it was a total team response as well -- from the laboratory and ICU to the OR and Anesthesia. The staff who responded -- either on duty or on call -- are too numerous to name.

Story by Bill Doughty, condensed from the Kenko Shimbun, June 95

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HEADLINE: Rescue 911 - MSC Style

BUMED Washington (NSMN) -- It may not be "Major League" and there are no "Angels in the Outfield", but there was a Medical

Service Corps officer in the bleachers. Attending his son's All-Star Little League Baseball game in Maryland, between the Thurmont and Frederick All-Stars, was no walk in the park for LCDR Mike Jewett, MSC.

When Jewett saw the home plate umpire get hit in the head with a ball on the temple, he realized the fallen umpire was in trouble. He was out cold, face forward into the dirt. Jewett jumped from the bleachers to help. When he reached the injured umpire, he had no pulse and he wasn't breathing. Adrenaline pumping, Jewett reacted automatically, administering CPR and mouth-to-mouth resuscitation. Looking back, Jewett recalls calling out orders to the others looking on, demanding: "Stand back and give him some air," "Get me a blanket" and "Call 911."

Later that evening, after returning home from the Little League game, Jewett tried to reach the wife of the umpire known to him only as "Bob" to inquire about how he was doing. When he called the house, he found the wife hysterical. Instead of an update on Bob's condition, Jewett was barraged with questions: "Do you know where my husband is?" "What happened to my husband?" So, Jewett tracked down her husband.

He found that Bob had been taken in the ambulance to the hospital in Frederick, then was quickly medevac'd to the shock trauma unit in Baltimore. He was listed in critical but stable condition. At least now Bob's wife knew what had happened, but she needed to be with him, and she needed help getting there. So, at 10 p.m., Jewett left home to drive her to Baltimore from Thurmont, MD. Even though he didn't return home until 2:30 the next morning, Jewett still made it in to work at the Bureau of Medicine and Surgery, where he is the MSC Military Personnel Analyst.

Story by Ann Kirby, Bureau of Medicine and Surgery

-USN-

HEADLINE: Family Practice Residency Program Changes

BUMED Washington (NSMN) -- The Navy has cancelled plans to start a new Family Practice Residency program at Naval Medical Center Portsmouth, VA. In November 1993, the Surgeon General of the Navy approved a plan to move the Family Practice Residency program from Naval Hospital Charleston, SC, to Portsmouth. The program was scheduled to begin in 1996. Requirements placed on the Department of Defense to rightsize over the past two years made it necessary to reevaluate this program.

As part of the Navy's overall effort to rightsize their forces and infrastructure, the Bureau of Medicine and Surgery has been reviewing the effectiveness and efficiency of its programs. The deciding factor in cancelling the family practice residency was the high cost of starting a new program in an era of decreasing resources, when effective alternatives are available.

The Navy's Bureau of Medicine and Surgery, after reviewing alternatives which would allow it to meet its family practice training requirements without negatively impacting on the quality of health care provided to our Sailors, Marines and their families, made the decision not to start the new program. These alternatives include the Navy's four existing family practice

training programs, residency programs in the other military services or federal institutions, increasing deferment of scholarship students and increased use of the Financial Assistance Program.

A small number of physicians and medical support personnel have already been assigned to Portsmouth to support the start-up of the residency program. Commander Naval Medical Center Portsmouth and the Specialty Advisor for Family Practice Physicians are currently reviewing these assignments to ensure our family practice providers are best able to care for our service members and their families.

This decision affects only the plans for the Portsmouth program. The Navy's other four family practice residency programs, located at Naval Hospitals in Bremerton, WA; Camp Pendleton, CA; Jacksonville, FL; and Pensacola, FL, will not be affected. These four programs are capable of providing the required in-house training for Navy family practice physicians.

The Bureau of Medicine and Surgery and the Naval Medical Center at Portsmouth are committed to continuing to provide high quality health care which will help us to keep our Sailors and Marines, and their families, healthy and on the job.

-USN-

HEADLINE: The Kearsarge Health Plan

USS Kearsarge (NSMN) -- Many Americans ponder their concerns of quality, affordable health care. But this is not a concern for the 2,600 Sailors and Marines on board USS Kearsarge (LHD 3), a multipurpose amphibious assault ship.

Ship's company physicians, a fleet surgical team and 18 Navy hospital corpsmen provide quality medical care, and at the best price -- free.

"I'm the supervisor of 17 hospital corpsmen, and we are responsible for the health and well-being of a crew of 1,200 Sailors and the 1,400 embarked Marines," said HM1 Glenn Messier.

"On a daily basis, we treat more than 40 people with anything from superficial cuts to appendicitis. I'm also responsible for the management of the crew's medical records and the computer data base that keeps track of all their immunizations and physicals," said the 14-year veteran.

Born and raised in the central Massachusetts town of North Brookfield, Messier, 37, said, "I joined the Navy to gain job experience and to see the world.

"The Navy has opened my eyes to the ways of the world. Because of this, I live my life from day-to-day, enjoying each new experience, and then sharing them with others."

Assisting Messier in the supervision of the corpsmen, and the management of sick call, is HM1 Noah Albertson. "I never know what I'm going to see at sick call. We see the physical and emotional problems of our shipmates. Our patients' ages range from 17 to over 50. Kearsarge is like an industrialized city, so we never know what to expect."

Story by JO1(AW) Sanford N. Palmer

Reprinted from NavEurNews 95-28 of 13 July 1995

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HEADLINE: Health Fair Offers GW Crew Healthy Lifestyle Tips

USS George Washington (NSMN) -- Well, the semi-annual PRT has passed again. Now the running shoes can be thrown to the back of the closet. You can already hear the crinkling of cellophane from candy and cigarette wrappers drifting through the air like the chirping of crickets.

Believe it or not, the thought, "Good, I'm free for the next six months," festers in many crew members' minds. However, this mindset is not altogether uncorrectable. Just because six months of remedial PT (Hoo-Rah) was avoided, doesn't mean the chocolate industry should continue to earn a small fortune from GW's crew in the off-PT months. In an effort to aid those who fall prey to saturated fat-filled goodies, the National Naval Medical Center in Bethesda, MD, wanted to help.

Reserve director of Health Services, LT Karen Pane, MSC, USNR, is aboard GW this underway period and recently organized a display on the aft messdecks to help inform GW crew members about different aspects of health. Tables were set up displaying a variety of brochures on sexually transmitted diseases, back care and stress. On-scene experts also provided one-on-one guidance about cholesterol, tobacco use and physical fitness.

For those who were concerned about their blood pressure, there was a medical representative there to take their blood pressure.

One of the highlights of the fair was the small buffet containing nothing but healthy foods, like fruits, vegetables and fat-free cookies.

The health fair lasted nearly three hours and was visited by the majority of the crew passing through the messdecks, as well as the commanding officer.

The Health Promotion Program team will remain on board to give instruction blocks and demonstrations for several days of this underway period. Their goal is to pass on information on fitness ... both physical and mental.

"We're just here for a few days, but the health program is continuing to develop and there will soon be a 'Wellness Council' on board, comprised of crew members," Pane said.

The team's role is to teach a new approach to practicing good health methods. According to Pane, a person should not be considered unhealthy, but, rather, in need of a better health level.

"We assume someone is well," Pane said, "and help them reach the ultimate level of wellness."

Of course, actions speak louder than words. Pane's program has been well received aboard GW, but time will tell whether or not people are serious about changing their attitude about physical fitness. This was the first time Pane's team has visited George Washington, but the team is not unfamiliar with the restraints of shipboard life.

"We held a health fair about two months ago aboard USS America (CV 66), and it went so well we were soon after asked to come aboard George Washington," Pane said.

Their program and ideas seemed to sit well with the crew who

stopped by to grab a pamphlet or two and munch on a celery stick. If the cigarette was occasionally replaced with a carrot stick and the donut replaced with a fat-free wafer, the next PRT wouldn't be such a worry.

Story by JOSA Paul Jenkins

-USN-

HEADLINE: Sailors Eligible for New Designator from FMF Duty
BUPERS Washington (NSMN) -- Sailors who earn the Fleet Marine Force (FMF) Ribbon will now have the qualification recognized as an official designation.

Qualified Sailors are authorized to place the FMF designator next to their source rating (such as HM2(FMF) Jones), or following their warfare designator (HM2(SW/FMF) Jones).

Beginning with the September 1995 advancement cycle, personnel who have earned the FMF designator will be awarded two points toward their final multiple score.

More information is available in NAVADMIN 129/95.

Story by LT Dan Bates, Bureau of Naval Personnel

-USN-

HEADLINE: Advanced Color Night Vision Goggles

NMRDC Bethesda, MD (NSMN) -- The achromatic imagery of the night vision goggles currently used by pilots during night operations is less than adequate in very low light/starlight conditions. This could result in pilot disorientation and lead to aircraft mishaps.

Responding to this situation, researchers at the Naval Postgraduate School in Monterey, CA, and the Naval Aerospace Medical Research Laboratory, Pensacola, FL, are developing an advanced technology demonstration of a color solid state vision system for aircraft. This new system will fuse visible light imagery from a low light charge coupled device (LLCCD) with infrared thermal imagery from a forward looking infrared sensor to produce the first color night display. This will be displayed through an aircraft color monitor or through a helmet-mounted display.

The long-term goal of this project is to incorporate the technology into a variety of military platforms ranging from unmanned air vehicles, to tanks, to ships, to aircraft. This system will be a quantum leap forward in night operations and will significantly reduce night operation aircraft mishaps. Potential civilian applications include rescue operations and police surveillance.

Story by Naval Medical Research and Development Command (NMRDC)

-USN-

HEADLINE: NMC Hits the Fast Lane of the Information Highway

NMC Portsmouth, VA (NSMN) -- Naval Medical Center Portsmouth is the latest Navy medical treatment facility to establish its own World Wide Web Home Page. Internet searchers can access command information, maps, history, commander's biography and pictures of the facility, as well as listings for other Internet medical resources when they tap into the home page for the Navy's

oldest hospital.

The Navy Medical Department has been in the fast lane of the information highway for a while, and several commands have home pages, including BUMED. Following are a list of addresses you may be interested in exploring. Some home page addresses are "case specific," meaning it will make a difference whether you use upper or lower case. With no spaces, type the listed address after `http:[double forward slash, such as ends a line in a naval message]`

NMC Portsmouth: `www.nmcp.med.navy.mil`

Naval Hospital Cherry Point, NC: `192.101.122.40[single forward slash]`

Naval Hospital Corpus Christi, TX:
`cch60.med.navy.mil[single forward slash]www[single forward slash]`

Naval Hospital Millington, TN: `192.101.132.40[single forward slash]`

National Naval Dental Center Bethesda, MD:
`131.158.67.146[single forward slash]`

Naval Dental Research Institute Great Lakes, IL:
`support1.med.navy.mil[single forward slash]NDRI[single forward slash]`

Naval Aerospace Medical Research Lab: `www.namrl.navy.mil`
NAMRL's acceleration division has its own page at:
`www.accel.namrl.navy.mil`

Naval Medical Information Management Center Bethesda, MD:
`support1.med.navy.mil` -- This home page has lots of interesting military, medical and government links, including those listed above, the Corps Chiefs/Directors, the Force Master Chief, Fleet Hospital Support Office, Naval Medical Logistics Command, BUMED, and "Special Assistant Public Affairs" (where you'll find 1995 issues of this message).

In surfing the net, you can find TRICARE home pages in two places: `www.ha.osd.mil[single forward slash]` (courtesy of DOD) and `www.medic.brooks.af.mil:88/CyberWorkSpace/tricare.html` (posted by the Air Force).

The Centers for Disease Control is on line at `www.cdc.gov`. The Uniformed Services University of the Health Sciences can be accessed at `net.usuhs.mil`.

And Navy Recruiting Command has gone on line too -- you can find information about opportunities in Navy medicine at `www.navy.com:80[single forward slash]medical[single forward slash]medical.html`.

Possibly the best source of Navy information around can be tapped into at `www.ncts.navy.mil[single forward slash]` -- NavyOnLine, managed by the Navy's Office of Information. The Department of Defense is also on the net, at `www.dtic.dla.mil[single forward slash]defenselink`.

Naval Hospital Jacksonville, FL, is getting ready to switch lanes on the highway -- its homepage on the web should be up and running in August or September. Also under construction is a home page for the Naval Medical Research and Development Command at Bethesda, which is also working on a home page for Navy Telemedicine. When they're up, we'll publish the addresses.

Navy Medical Department commands with home pages should make

sure they're listed on the links of the Navy Medical Information Management Center's home page -- send email information to webmaster@med.navy.mil .

Story by Liz Lavallee, BUMED Public Affairs

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3. Events, anniversaries and observances for 1 - 9 August and important dates for August from the Bureau of Naval Personnel:

AUGUST

- 1-7 August: World Breastfeeding Week
- 1-7 August: International Clown Week
- 2 August 1990: Iraq invaded Kuwait
- 4 August 1947: Navy Medical Service Corps established
- 6 August 1945: Atomic bomb dropped on Hiroshima
- 7 August 1990: President George Bush ordered military buildup that became Operation Desert Shield
- 7-13 August: National Smile Week
- 9 August 1945: Atomic bomb dropped on Nagasaki

BUPERS IMPORTANT DATES FOR AUGUST

- 1 August: Active LDO/CWO Applications Due to Pers-251
- 7 August: Reserve Line Lieutenant Board Convenes
- 8 August: Morning (0600-0800) and Night (until 2200) Detailing (Washington, DC, time)
- 9 August: Spot Promotion Board Convenes
- 10 August: Stockdale Award Board Convenes
- 10 August: Transfer/Redesignation Applications Due to Pers-251
- 14 August: Staff Postgraduate Education Board Convenes
- 14 August: Dental Corps Duty Under Instruction Board Convenes
- 14 August: Active Lieutenant Limited Duty Officer, Supply Corps, Nurse Corps, Medical Service Corps, Judge Advocate General Corps, Civil Engineer Corps, Chaplain Corps Boards Convene
- 21 August: Aviation Department Head Board Convenes
- 21 August: Acquisition Professional Community (APC) Selection Board Convenes
- 21 August: REDCOM Screening Board Convenes
- 22 August: Morning (0600-0800) and Night (until 2200) Detailing (Washington, DC, time)
- 28 August: Reserve CW03 and CW04 Board Convenes
- 31 August: O-5 and O-2 FitReps Due

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